

## **EXHIBIT “2”**

**OFFICIAL NEW YORK STATE PRESCRIPTION**

**METRO PAIN SPECIALISTS**  
SURESH K PAULUS, DO  
LIC: 211589  
NPI: 1649376740

386 JEROME AVENUE 2ND FLOOR BRONX, NY 10468 (347) 862-4200

PRACTITIONER DEA NUMBER  
[REDACTED]

Patient Name [REDACTED] Date 2-25-2020

Address [REDACTED] State [REDACTED] Zip [REDACTED] Age [REDACTED] Sex ☒ M ☐ F

**LIDOTHOL 4.5% & 5% #45**  
Ap 1 patch qd to bid aa

Preferred Language [REDACTED]  
event medication errors. Please see back of prescription.

Prescriber Signature *[Signature]* MAXIMUM DAILY DOSE (controlled substances only) [REDACTED]

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "brand" IN THE BOX BELOW

REFILLS ☒ None Refills: 0 [REDACTED] **47**

PHARMACIST TEST AREA: [REDACTED] Dispense As Written

**OFFICIAL NEW YORK STATE PRESCRIPTION**

FAX (347) 702-5418

**DR. CURA STOLY MD**  
LIC. 273763  
NPI: 1104416375

**DR. ANDRIY MARKEYCH PA**  
LIC. 016488  
NPI: 1003158027

3049 OCEAN PARKWAY 2ND FLOOR BROOKLYN, NY 11235 (718) 704-9909  
3060 FLATLANDS AVE. BROOKLYN, NY 11234 (718) 258-8128

PRACTITIONER DEA NUMBER: [REDACTED]

Patient Name: [REDACTED] Date: 8/20/20

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Age: [REDACTED] Sex: ☒ M ☐ F

**diclofenac 1.5 %**  
solution 150 ml  
app 40 drops qid

Prescriber Signature: [REDACTED]

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "as" IN THE BOX BELOW

Refills: ☒ None ☐ [REDACTED] 57

PHARMACIST: [REDACTED]  
TEST AREA: [REDACTED]



**OFFICIAL NEW YORK STATE PRESCRIPTION**

2

**METRO PAIN SPECIALISTS****SURESH K PAULUS, DO****LIC: 211589****NPI: 1649376740****2386 JEROME AVENUE 2ND FLOOR BRONX, NY 10468 (347) 862-4200**

PRACTITIONER DEA NUMBER

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Patient Name

Date

2-5-2020

Address

City

State

Zip

Age

Sex

M	F
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**Rx****LIDOTHOL 4.5% & 5%****#45****Ap 1 patch qd to bid aa**☐

LEP Preferred Language

Prevent medication errors. Please see back of prescription.

Prescriber Signature **X****MAXIMUM DAILY DOSE**  
(controlled substances only)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'daw' IN THE BOX BELOW

REFILLS

☐ None

Refills:

PHARMACIST  
TEST AREA:

Dispense As Written

**68**



## OFFICIAL NEW YORK STATE PRESCRIPTION

METRO PAIN SPECIALISTS

SURESH K PAULUS, DO

LIC: 211589

NPI: 1649376740

386 JEROME AVENUE 2ND FLOOR BRONX, NY, 10468 (347) 862-4200

PRACTITIONER DEA NUMBER

Patient Name

Date

2-25-2021

Address

City

State

Zip

Age

Sex

☒ M ☐ F

Lidocaine 5% Ointment

QTY: 250 grams

Apply TWICE DAILY to the AA BID

Preferred Language

Prescriber Signature: *[Signature]*MAXIMUM DAILY DOSE  
(controlled substances only)

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES 'dow' IN THE BOX BELOW

REFILLS

☒ None

Refills:

53

PHARMACIST

TEST AREA:

Dispense As Written

OFFICIAL NEW YORK STATE PRESCRIPTION

METRO PAIN SPECIALISTS

SURESH K PAULUS, DO  
LIC: 211589  
NPI: 1649376740

386 JEROME AVENUE 2ND FLOOR BRONX, NY 10468 (347) 862-4200

PRACTITIONER DEA NUMBER  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Patient Name [REDACTED] Date 4-30-2020

Address [REDACTED]  
City [REDACTED] State [REDACTED] Zip [REDACTED] Age [REDACTED] Sex MC

Lidocaine 5% Ointment  
QTY: 250 grams  
Apply TWICE DAILY to the AA BID

Preferred Language [REDACTED]

even medication errors. Please see back of prescription.

Prescriber Signature X [Signature]

MAXIMUM DAILY DOSE  
(controlled substances only)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "dow" IN THE BOX BELOW

REFILLS ☐ None ☒ Refills: [ ]

[REDACTED] 16  
[Barcode]

PHARMACIST  
TEST AREA:

Dispense As Written



**OFFICIAL NEW YORK STATE PRESCRIPTION**

**DR. JURA STOLY MD**  
LIC: 275764  
NPI: 1104116325

**DR. ANDREW WACHS PA**  
LIC: 015488  
NPI: 1003166027

3049 OCEAN PARKWAY 2ND FLOOR BROOKLYN, NY 11235 (718) 704-9909  
3960 FLATLANDS AVE. BROOKLYN, NY 11234 (718) 256-8128

PRACTICING DEA NUMBER: [REDACTED]

Patient Name: [REDACTED] Date: 3-24-20

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☒ M ☐ F

**R**

**Celebrex 200 mg**  
1 capsule po bid pm wt  
Q280

☐ LEP Preferred Language: \_\_\_\_\_

Prevent medication errors. Please see back of prescription.

Prescriber Signature: [REDACTED]

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES None IN THE BOX BELOW

REFILLS: ☒ None ☐ Refill: [REDACTED]

PHARMACIST TEST AREA: [REDACTED]

Dispense As Written

89



**OFFICIAL NEW YORK STATE PRESCRIPTION**

STANLEY K. MARKEY, D.O. PA  
 License No. 110218378  
 NPI: 1602185027

1049 OCEAN PARKWAY 2ND FLOOR BROOKLYN, NY 11235-7418 704-8909  
 3980 FLATLANDS AVE. BROOKLYN, NY 11234-7418 758-8129

Prescription No. [Redacted]

Patient Name: [Redacted] Date: 3/26/22

Address: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted] Age: [Redacted] Sex: [Redacted]

**diclofenac 1.5 %**  
 solution 150 ml  
 app 40 drops qid

Prescriber Signature: [Redacted]

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES IN THE BOX BELOW

REFILLS: ☒ None ☐ Other [Redacted] **64**

PHARMACIST: [Redacted]

TEST AREA: [Redacted]

**OFFICIAL NEW YORK STATE PRESCRIPTION**

STANLEY K. MARKEY, D.O. PA  
 License No. 110218378  
 NPI: 1602185027

1049 OCEAN PARKWAY 2ND FLOOR BROOKLYN, NY 11235-7418 704-8909  
 3980 FLATLANDS AVE. BROOKLYN, NY 11234-7418 758-8129

Prescription No. [Redacted]

Patient Name: [Redacted] Date: 3/26/22

Address: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted] Age: [Redacted] Sex: [Redacted]

**diclofenac 20mg**  
 tablet 20mg or 50 mg  
 po qid or bid

Prescriber Signature: [Redacted]

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES IN THE BOX BELOW

REFILLS: ☒ None ☐ Other [Redacted] **65**

PHARMACIST: [Redacted]

TEST AREA: [Redacted]



P.002  
0002/004

**OFFICIAL NEW YORK STATE PRESCRIPTION**

FAX (347) 702-6419

☒ YURA, STOLY, MD  
LIC: 275783  
NPI: 1104446375

☒ ANDRIY MARKEYCH, PA  
LIC: 015488  
NPI: 1003156027

3049 OCEAN PARKWAY 2ND FLOOR BROOKLYN, NY 11235-0718 704-9909  
3968 FLATLANDS AVE BROOKLYN, NY 11234-0718 268-8128

PRACTITIONER DEA NUMBER: [REDACTED]

Patient Name: [REDACTED] Date: 4-28-20

Address: \_\_\_\_\_ Sex: ☒ M ☐ F

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_

**Rx**

**Baclofen 20mg**

1 tablet po bid to qd prn

CA 90

LEP Preferred Language: \_\_\_\_\_

Present medication errors: Please see back of prescription.

Prescriber Signature: [REDACTED]

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES NAME IN THE BOX BELOW

REFILLS: ☐ None ☐ Refill: [REDACTED]

PHARMACIST TEST AREA: [REDACTED]

Dispense As Written: [REDACTED]

60

**OFFICIAL NEW YORK STATE PRESCRIPTION**

PAX (312) 702-5419

SEYURA STOLY, MD  
NO: 275788  
NPI: 1104116375

ANDRIY MARKEVYCH, PA  
LIC: 015488  
NPI: 1003156027

3049 OCEAN PARKWAY, 2ND FLOOR, BROOKLYN, NY: 11235 (718) 704-9909  
3960 FLATLANDS AVE., BROOKLYN, NY: 11234 (718) 268-8128

PRACTITIONER ID# NUMBER

Patient Name: [REDACTED] Date: 4/20/20

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Age: [REDACTED] Sex: ☒ F

**Celebrex 200 mg**  
1 capsule po bld prn wt  
Qd 60

EP: Preferred Language: [REDACTED]  
report medication errors. Please see back of prescription.

Prescriber Signature: [REDACTED]

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES down IN THE BOX BELOW

REFILLS: ☐ None ☐ As Written

PHARMACIST TEST AREA

Dispense As Written

55



**OFFICIAL NEW YORK STATE PRESCRIPTION**

FAX (347) 702-6419

☒ YURA STOLY MD  
LIC: 275763  
NPI: 1104146375

☒ ANDRIY MARKEVYCH PA  
LIC: 015488  
NPI: 1003166027

3049 OCEAN PARKWAY 2ND FLOOR BROOKLYN, NY 11235 (718) 704-9909  
3960 FLATLANDS AVE. BROOKLYN, NY 11234 (718) 258-8128

PATIENT INFORMATION NUMBER: 1211121112111211

Patient Name: [REDACTED] Date: 8/7/20

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Age: [REDACTED] ☒ M ☐ F

**R** **diclofenac 1.5 %**  
solution: 150 ml  
app 40 drops qid

☒ Preferred Language: [REDACTED]  
Prevent medication errors! Please see back of prescription.

Prescriber Signature: [REDACTED]

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "brand" IN THE BOX BELOW

REFILLS: ☐ None ☐ [REDACTED]

PHARMACIST TEST AREA: [REDACTED]

Dispensed As Written

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OFFICIAL NEW YORK STATE PRESCRIPTION

METRO PAIN SPECIALISTS

SURESH K PAULUS, DO  
LIC: 211589  
NPI: 1649376740

386 JEROME AVENUE 2ND FLOOR BRONX, NY 10468 (347) 862-4200

PRACTITIONER DEA NUMBER  
[REDACTED]

Patient Name [REDACTED] DOB 2-20-2020

Address [REDACTED]  
City [REDACTED] State [REDACTED] Zip [REDACTED] Age [REDACTED] Sex M ☒ F

☒ LIDOTHOL 4.5% & 5%  
#45  
Ap 1 patch qd to bid aa

P Preferred Language [REDACTED]  
event medication errors. Please see back of prescription.

Prescriber Signature [REDACTED] MAXIMUM DAILY DOSE (controlled substances only)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'dow' IN THE BOX BELOW

REFILLS ☐ None ☒ [REDACTED] 45  
Refills: [REDACTED]

PHARMACIST TEST AREA: [REDACTED] Dispense As Written